

EJR 605-245
605-561
PART B—ISSUE FEE TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. Correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate ADDRESS* for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

ESPONDENCE ADDRESS

PATREA L. PAUL
KILPATRICK & CODY
1100 PEACHTREE STREET, STE. 2800
ATLANTA, GA 30309-4530



18N270726

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/983,367	8-17-92	009	WARE, D	1803 07/26/94
First Named Applicant	SASIGEKHARAN,	RAMNATH		

TITLE OF INVENTION: CRYSTALLIZATION OF HEPARINASE I, II, AND III FROM FLAVOBACTERIUM HEPARINUM (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
MIT5081/6124	435-220.000	C94	UTILITY	YES	\$585.00	10/26/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Kilpatrick & Cody

2 _____

3 _____

DO NOT USE THIS SPACE

040 AH 10/31/94 07983367 1 242 605.00 CK
040 AH 10/31/94 07983367 1 561 60.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Massachusetts Institute of Technology and

University of Iowa Research Foundation

(2) ADDRESS: (CITY & STATE OR COUNTY)

Cambridge, MA and Iowa City, IA, respectively

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Massachusetts and Iowa, respectively

A. This application is NOT assigned.

Assignment is being previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

Issue Fee, Advanced Order - # of Copies 20 (Minimum of 10)

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 11-0855

(ENCLOSED PART C)

Issue Fee Advanced Order - # of Copies _____

Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

10/21/94

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE



PART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

PATRICK L. PABST
KILPATRICK & CODY
1100 PEACHTREE STREET, STE. 2800
ATLANTA, GA 30309-4530

1082/0726

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/983,367	11/30/92	008	WARE, D	1808 07/26/94
First Named Applicant	SASISEKHARAN		RAMNATH	
TITLE OF INVENTION VERIFICATION OF HEPARINASE I, II, AND III FROM FLAVOBACTERIUM HEPARINUM (AS AMENDED)				
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY
1082/0726	435-220,000	C94	UTILITY	YES \$585.00
DO NOT USE THIS SPACE				

2a. The following fees are enclosed:	20
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies _____
(Minimum of 10)	
2b. The following fees should be charged to:	
DEPOSIT ACCOUNT NUMBER 11-0855	
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies _____
(Minimum of 10)	
<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT